## **Amputation Chart** Vrginia Workers' Compensation Commission 1000 DMV Drive Richmond VA 23220

Chart marked by \_

1000 DMV Drive Richmond VA 23220	use of the insurer claim	n number
Employer ame of employer	Date of accident	Date of amputation
Employee ame of employee	Social Security Number	``
Which foot?	2nd 3rd 4th 22 19	
Phalanges	1 3 3 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
Metatarsals	2 3 4 5	
See HAND on reverse of this form		
Signature		

M.D.

Date

Reserved

Insurer code

The boxes to the right

are for the

VWC file number

Insurer location

Amputation Chart VWC Form No. 7 (rev. 10/1/91)